

Substitute for form 1449/PTO		<b>COMPLETE IF KNOWN</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)</b> <i>(Use as many sheets as necessary)</i>		Application Number	To Be Assigned <u>10/821,360</u>
		Filing Date	Herewith
		First Named Inventor	Clyde H. Boyer
		Art Unit	Unknown <u>2636</u>
		Examiner Name	Unknown <u>Lam Pham</u>
Sheet 1 of		Attorney Docket No.	BOYZ 2 00018-1

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	AS					
	AT					

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Examiner Signature	<u>LAM PHAM</u>	Date Considered	<u>4/5/05</u>
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